

(1) PLACE OF BIRTH

County of Newberry

Township of

In Town of

City of Newberry

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19502

Registration District North Registered No. 76
(For use of Local Registrar)City of Newberry (No. 1 St.; Jefferson Ward)2) Full Name of Child Maddelin Lorraine Patterson If child is not yet named, make supplemental report as directed

SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>June 3</u> 19 <u>50</u>
To be answered only in case of Twins or Triplets				(Year of Month Day)

FATHER.

(1) NAME Ronald E. Patterson(2) PRESENT POSTOFFICE OF FATHER Union A.C.(3) AGE AT LAST BIRTHDAY 22 (Years)(4) BIRTHPLACE A.C.(5) OCCUPATION Underwater

(6) Number of children born to father including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Ellsworth Jefferson(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE A.C.(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Newberry S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. Causey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Newberry S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 8 1950 (28) S. S. Cunningham Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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